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CLINICS.

CLINICAL LECTURES.

Clinical Lecture on Delayed Union and Non-union of Bones. By GEO. W. CALLENDER, F.R.S., Surgeon to St. Bartholomew's Hospital.

Amongst the cases in Harly Ward, gentlemen, is that of a man aged 43, who has broken his right leg; and, although it is true that, in the great majority of instances, our fractures are easily managed throughout their repair, yet, as in the present case, it occasionally happens that we have anxiety as to the result, or are obliged even to be content with a repair which is faulty either as regards the look or as regards the utility of the limb. I may have an opportunity for showing to you, by some cases in point, how we are sometimes unable to prevent the latter unfavorable ending. I now, however, propose to tell you of the trouble which occurred in the case to which I have referred, to give you its explanation, and to point out some common causes of delay in the union of bones, which, if not counteracted, furnish the greater number of cases of so-called non-union of fracture.

This man fell into a well, and, striking his right leg against a piece of timber in his fall, was brought to the hospital with a transverse fracture of the tibia and fibula—a fracture caused, you will observe, by direct violence. The injured limb was placed on a back-splint, and swung in the ordinary way; and, fourteen days later, the apparatus was readjusted. It was not, however, until the expiration of thirteen weeks that the bones united, and then not firmly; so that his leaving the ward has been delayed until the present time, nearly sixteen weeks after the accident happened; whilst, as most of you are aware, five or six weeks, in an ordinary case, would have sufficed for the cure.

Soon after this man's admission, we noticed that the limb was becoming œdema-

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tous; and this œdema persisted, increasing the size of the leg, with a firm and dense hardness of its tissues, for nearly all the time during which union of the fracture was so slowly progressing. This œdema indicated, as it always does in these cases, obstruction of some large venous trunk. The violence which breaks the bones of a limb, especially when applied directly, causes bruising of the soft parts about the fracture, as shown in an ordinary way by the ecchymosis of the tissues; and if, as sometimes happens, a considerable vein be torn, or flattened by the pressure against it of displaced bone, we find that its canal becomes obstructed by a clot of blood both above and below the seat of injury, and in this way circulation through the vessel is arrested. We frequently have opportunities of seeing this condition of the veins in cases of severe fracture which terminate fatally; and in the *System of Surgery* I have referred to several *post-mortem* examinations in which this obstruction of the veins was shown to have existed. When a great vein is thus closed, the balance between the arterial and venous vessels in the limb is so disturbed that, whilst the usual arterial supply continues, the veins which are left unhurt are unequal to carry off the venous blood; and thus there follows after a while that ordinary relief of the over-distended veins by which the œdema of the extremity is established, and during the continuance of which the repair of the fracture is sure to be slow, if, indeed, it make any progress at all. When, then, you see this state of things—an œdema beginning and persisting after a fracture—you may be sure your patient will make a very slow recovery from the injury.

I refer you to the remarks I have made elsewhere (*System of Surgery*, vol. iii., p. 366) for an explanation of the manner in which the clot is, by degrees, so altered in its character as to allow the reopening of the vein. Either it, the clot, shrinks to one side of the vessel—that to which it is most firmly held by the secondary clots extending into collateral branches; or it is slowly tunnelled through by the action of the blood-stream. With either, the subsidence of the œdema marks the completion of the process, and more rapid repair of the fracture ensues. And let me add that this is the usual way in which the circulation rights itself; for, in these cases of occlusion of large veins with fracture, the obstruction is not compensated for by any change in, such as dilatation of, the other veins of the limb, although these vessels may have been unhurt at the time of the accident.

Such is the explanation of delayed union in not a few cases; and in such cases, knowing the cause, and the attendant symptoms being well marked, you will be prepared to allow an unusual length of time to elapse before you will expect firm union of the bones. Even after union has taken place, it is especially necessary to guard these fractures, as the patient first begins to move about, with the gum-and-starch bandages, of which, let me add, you will find the use far preferable to that of the plaster of Paris, of which patients complain as heavy and uncomfortable.

It is surprising how long union is delayed in some cases. I have known it deferred, in the case of a woman whose thigh-bone was broken, for ten months; her history was told by Mr. Whitmore at the Abernethian Society last session. In the case of a soldier, the humerus was two years and a half before it united; and in Mr. Stanley's case—the one in which he first inserted ivory pegs—two years elapsed before the femur was repaired. Now, in any of these cases, if treatment had not been persevered with, the delayed union would have drifted into the state known as that of non-union—a trouble which we should seldom witness if the causes of delayed union were more closely examined, and time allowed for, or treatment adapted to, the wants of each case. As it is, non-union of a fracture is a rare occurrence. Lonsdale, Hamilton, and others with large experience, have rarely met with such cases in their own practice. Here, in our wards, I find there has been but one case in two thousand five hundred fractures, excepting, of course, certain fractures, such as the transverse of the patella, to which I will presently refer; so that, the occurrence being so rare, it is, in my opinion, quite needless to seek for its explana-

tion in the constitutional conditions you will find enumerated in surgical works. Age, pregnancy, debility, paralysis, may be dismissed from consideration; and, as to the influence of syphilis, you have only to visit any one of our accident wards, and you will find evidence enough to prove that it is no obstacle to the repair of fractures. Nor has the seat of the injury, including the relation to the nutrient vessel, anything to do with the non-union of the broken bone (with the exceptions I will presently name); although the delay in union may be thus explained, and great care in the treatment may be thus in some cases called for.

It must be admitted, however, that some conditions, chiefly of a local character, absolutely prevent a broken bone from being mended. Such fractures as result from cancerous infiltration of bone are practically irremediable; so also are those which involve a bone atrophied from disease. There was an instance of this some four years ago in the hospital wards, in the case of a man who had the lower end of the femur hollowed out into a large abscess-like cavity, the wall of which, thin as parchment, had cracked across at the condyles, and would not repair. Then, again, there are cases in which foreign bodies interpose between the fractured ends, of which Sir James Earle's case of a portion of deltoid muscle getting between the broken pieces of a humerus, and the occasional wedging of a piece of broken and subsequently necrosed bone between the fractured ends, are instances; and, lastly, other cases in which it is difficult, sometimes impossible, to keep the broken portions in apposition, as in some cases of fracture at the neck of the thigh-bone, and in most instances of transverse fracture of the patella, which is an injury almost invariably repaired by fibrous tissue. But, if we allow for these cases, we have remaining some instances of non-union which do not admit of explanation on such local grounds, and which are generally referred after a time to air, to age, sometimes to youth, or to some of those constitutional conditions which I have ventured to tell you cannot be credited with the occurrence of non-union; although one, perhaps—namely, debility—may be responsible for delayed repair. From such cases, a certain number may be deducted which, without question, have been badly treated by inexperienced or untutored persons—fractures occurring on board ship, and the like; and then, of those which remain, it is within my experience that they are examples either of delay in the process of repair, as from the obstruction of veins, or of delay through the interposition of certain mechanical difficulties; and in these cases a favourable result may be generally obtained by treatment. For convenience in mentioning them, these latter may be referred to as fractures with certain displacements of bone, fractures extending obliquely through bone, and fractures in the vicinity of, not extending into, joints; and in each of these delayed union may be traced to the fact that sufficient time has not been allowed in the first instance for the firm union of the bones; for in each a longer time is needed than is thought necessary in the case of other, or, as they may be termed, ordinary fractures.

The fractures with displacement may be illustrated by an example taken from the femur. Quite recently, a youth has been under treatment in my wards with a fracture of the femur, which had been treated on board ship, and which had united very slowly, with shortening and a considerable bend outwards of the shaft of the bone. The patient was himself conscious of the weakness, as he called it, of the limb, when he first began to move about; and he was aware that the bending of the bone had increased at this time, which was before his admission here. In fact, the union, which might have been sufficiently good to support the weight of the body if the two parts of the femur had united so as to preserve the proper axis of the limb, and to allow the shaft to bear naturally the pressure from above, was insufficiently firm to resist the same pressure when brought to bear upon a shaft in which the fracture was joined at an angle; and the uniting tissue, under these circumstances, yielded, and in time, it is not unlikely, had he persisted in moving about, would have given way altogether, and we should have had a case of what would be

termed delayed union. It would have been said that the patient had moved about before the union was firm; or that, from some cause or other, firm union had been delayed; whereas the union was probably as good as in ordinary cases suffices to support the body, but in this instance was overstrained by the weight pressing at an angle instead of in the proper long axis of the thigh-bone. This case, then, represents a class in which longer time should be given for the consolidation of the repair than is needed when the long axis of the shaft can be properly preserved during the progress of union.

It is a somewhat similar condition which exists in cases of oblique fracture. The tibia—the bone of the leg which sustains the weight of the body—is often fractured so that two very oblique surfaces are left in contact. These specimens from the museum are examples of this injury. When such a hurt has to be treated, I always allow an extra fortnight—say six weeks in all—before the apparatus is disturbed and the patient allowed to put his foot to the ground; and for this reason: In these fractures, the whole weight of the man falls on and strains the new material, which has joined the fracture, in such a fashion that there is always a tendency for the upper fragment to glide off, or to be launched, as it were, from the lower; the latter part of the bone giving little if any support, whilst in a transverse fracture, or a fracture only slightly oblique, it largely assists in bearing the superincumbent weight. Imperceptibly, it may be, in such a case, the union gives way; pain is felt by the patient; and, on re-examining the limb, repair is found to be incomplete. All the cases of non-union of the bones of the leg which have been brought under my notice have been instances of oblique fracture; and every now and then, in these wards, we have found it necessary to put up afresh a fracture of this kind, upon which a patient has been allowed too soon to bear his weight.

Of fractures near the joint, that of the humerus in its lower third is, perhaps, of all the one most often followed by non-union. Various explanations have been offered with reference to this particular failure of bony union; but certainly in one case we could trace it to this, and I suspect, in most cases, it is in this direction that the cause is to be looked for. A fracture of the humerus is put up; and the forearm, at least for convenience, is placed at a right angle, and slung. As the case progresses, a question is raised as to the possibility of the elbow being stiff. The hand and forearm are flexed and extended a little, and the joint is said to move freely. If this examination be repeated, you must not be surprised if you find, when in due course you come to examine the fracture, that it has not united. The elbow being for the time somewhat stiff from disuse, it was not the joint which moved, but the fracture which was rocked in flexion and extension, as it easily may be when you act on it with the great leverage given you by the forearm, and so was hindered from becoming firm. I never knew an elbow-joint to be anything but temporarily stiff after a fracture of the humerus not extending into the joint; so that in these cases there is no excuse for handling the forearm. The arm should be left perfectly at rest during the entire process of repair; and no movement of the elbow should be permitted until it is certain that the bone is firm.

If you remember these as typical of certain classes of cases, you will be prepared to prevent the occurrence of non-union in most of the comparatively few cases in which special care will be called for. Of another class—that of failure of bony union from the difficulty of keeping the separate fragments in juxtaposition, as after transverse fracture of the patella—you may learn from this patient, recently discharged from Harley Ward, who has sustained an injury of this nature, that it it is not impossible to obtain osseous union even under what at first may appear unfavourable circumstances, if only you give time for the process to complete itself, and take care that in the meanwhile no strain is allowed to stretch the fibrous tissue which at first unites the pieces of the broken bone.—*Brit. Med. Journ.*, Nov. 30, 1872.

HOSPITAL NOTES AND GLEANINGS.

Medullary Cancer cured by the Arsenical Mucilage Treatment.—The following is a good example of the kind of cases for which the arsenical mucilage treatment, introduced by Dr. MARSDEN, Surgeon to the Cancer Hospital, is most preferred. The tumour being a medullary cancer of comparatively small size, situated on the exterior of the body, and not penetrating deeply into the tissues at its base, all the conditions as to nature, size, situation, and connections, combined to favour the use of the remedy, and the result was as successful as could be desired.

The tumour grew from the skin over the trapezius muscle near its anterior edge, about midway between the head and shoulder. It was quite circular at its base, with a diameter of nearly an inch, and rose about three-quarters of an inch above the level of the skin at its highest point in the centre—closely resembling, in fact, a large strawberry in size and shape, as well as in colour, the whole surface having a red fleshy appearance, cut up by fissures of various depths, and thickly covered by large round granulations. It was so closely encircled by skin, that it overlapped a little at the edges; the skin, however, around the base was not otherwise perceptibly altered except in colour, there being here simply an areola two or three lines in breadth, of a purplish hue, in the direction of which the veins were visibly increased and enlarged. It bled on the slightest touch, and, being extremely sensitive, was the source of constant pain. The history of the case showed that, about three years before, a small tumour appeared at the site of the present one, and, on being lanced, discharged blood freely. It continued to bleed more or less occasionally until the wound closed, when, in consequence of its increase and the pain arising from it, it was excised; soon afterwards it reformed, and was again excised, but still kept on growing; and, at the time of the patient's admission into the hospital, on February 22, 1872, presented the characters described. The patient was a moderately healthy woman, 42 years of age.

As the patient was in tolerably good health, there was no occasion for delay on that ground; and accordingly, on February 23, the arsenical paste (consisting of arsenious acid and mucilage of acacia, in the proportion of two drachms of the acid to one drachm of the mucilage, made into a thick paste) was laid over the whole surface of the tumour, and covered with cuttings of lint in the usual way. In three days, the diseased mass was quite movable, and a sulcus lay between it and the skin, leaving it attached only at a small portion of the base. Bread-and-water poultices were then applied and changed every three or four hours; and on the fourth day (February 27) the whole mass came away in a lump, leaving in place of the tumour a conical cavity with slightly indurated edges. The wound was poulticed in the same way as before for a few days, and then dressed with weak spirit lotion. Healthy granulations sprung up over the whole surface of the cavity, and by the 23d of March its size was reduced to about a third, and the induration of the edges was much less. On April 9, the wound was quite healed, the induration had entirely disappeared, and the only indication of the former disease left was the cicatrix and an increased vascularity of the skin around it. The patient remains quite well up to the present date (October 8).

Another case with a tumour, as near as possible in resemblance to the above, situated on the chest near the middle line immediately above the breast, is at present in the hospital under the care of Mr. Porter, for which the same method of treatment is being employed. This patient is a feeble old woman, 70 years of age, and has had the paste twice applied; the first application, although it appeared to remove the whole of the disease, being followed by a slight return of the growth when the wound was nearly healed. It is now, after the second application, progressing favourably, without any symptom of a return of the disease. Dr. Crombie, the house surgeon, remarks

that, during his residence at the hospital, he has seen other cases of recovery by this treatment continuing well at considerable intervals afterwards, although in one instance the disease removed from the cheek had appeared on the tongue about three years afterwards. — *Brit. Med. Journal*, Nov. 2, 1872.

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Fracture of the Skull in Broca's Region; Paralysis of the Right Side; Loss of Power of Speech; Death; Autopsy. — Although no single explanation seems sufficient to account for all cases of aphasia, still it must be granted that in the vast majority of the permanent cases there is paralysis of the right side, which is associated with some disease or injury of the posterior part of the third left frontal convolution of the brain. That this does not always obtain is fully proved by cases recorded by Vulpian, Charcot, and even Broca himself, in which there was aphasia but no disease of this portion of the brain, or disease of this part and no aphasia. Further, Trousseau gives a case in which there was well-marked aphasia with left hemiplegia. Nevertheless the following case is of interest, as showing a direct injury to this part of the brain followed by complete aphasia and subsequent paralysis of the right side. It is doubtful, however, whether the large effusion of blood was directly due to the injury, or took place secondarily from an injured or diseased vessel. It is difficult to believe that so extensive a destruction of brain-substance by the extravasated blood should not declare itself by paralysis of the right side till so many hours had elapsed. It is probable that the injury gave rise in the first instance to only a slight effusion of blood, but that this gradually increased till it assumed the dimensions found at the autopsy.

J. H——, a workman employed at the London Hospital, in a quarrel with one of his fellows, was struck on the left temple with the leg of an iron bedstead at about 5 P.M. The case was supposed to be one of scalp wound, and the patient was allowed to go home. It was not ascertained at this time that there was any affection of the speech. About three hours after the accident he was seen walking to his home, a distance of two miles from the hospital. On reaching home his wife, alarmed at the sight of the bandages, asked him what had happened, but, being unable to speak, he made signs for a pencil and paper. Before getting these he touched his head with his left hand (he was a left-handed man), pointed to the leg of a bedstead, and then clenched his hand as if striking a blow, which an intelligent neighbour interpreted to mean that he had received a blow on the head with the leg of a bedstead, to which he nodded assent. He then went to bed, using both his hands in undressing. A medical man being called in, it was directed that he should be brought to the hospital. To this the patient agreed, but in dressing it was noticed that he could not use his right hand, and, in walking to the cab, that he dragged his right foot. On arriving at the hospital he was quite insensible. Mr. McCarthy was then sent for, and saw him for the first time at 11 P.M., when he was unconscious and breathing stertorously; the right side paralyzed and the left convulsed; left eye intolerant of light, the right insensible to touch and light. At the bottom of the wound was a depressed fracture, at the anterior part of the left parietal bone. The history of the case pointing to gradually increasing compression of the brain on the left side, probably from effusing blood, the wound was explored, and some overhanging bone removed with a trephine, and the depressed portion raised and withdrawn, with some splinters that had been driven under the sound portion of the parietal bone. There was a free flow, uncontrolled by pressure on the carotid, of dark-coloured blood, but no wound of the dura mater was detected. A firm compress and bandage were then applied.

Next morning the man was quite conscious and in so far improved. The convulsions on the left side had ceased. The right side was still paralyzed as to motion, but when his hand or foot was irritated he used the left hand or foot to protect himself. He perfectly understood all that was said to him, and readily at-

tempted to do all that he was directed. He did not protrude his tongue when asked, but it did not seem as if that were from paralysis of that organ, as he opened his mouth and showed the tip of the tongue, which was in the median line. He continued in this way until the fifth day, his breathing gradually becoming more difficult, and he died. From the time he was first seen by Mr. McCarthy until his death he never uttered a word, nor could he write, although he made several attempts to do so.

At the post-mortem examination the fracture was found to have traversed the course of the middle meningeal artery, which had not, however, sustained any injury. There was a laceration of the dura mater, some distance from the margin of the opening in the bone, which had doubtless been caused by one of the splinters removed at the operation having been driven through it at the time of the accident. There was no blood between the dura mater and bone, or in the arachnoid sac. There was a very little ecchymosis in the pia mater at the bifurcation of the Sylvian fissure, and beneath that a very small clot in the brain-substance. On tracing this there was found a large clot imbedded in the frontal lobe at its posterior part, coming to the surface by only a very small extent. It occupied the portion of the lobe corresponding to the interior and posterior part of the external frontal convolutions, and very closely bordered on the central lobe. When the clot was removed the brain-substance presented the usual appearance when a clot has been found after an apoplectic seizure. The right hemisphere was ecchymosed very superficially. The vessels of the brain were much diseased. The basilar artery was varicose and opaque, and the inner coat was readily peeled off, showing the atheromatous degeneration beneath. The middle cerebral artery and its branches were in a similar condition. The other viscera were normal.—*Lancet*, Nov. 16, 1872.

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Cases of Anæmia of Optic Nerve treated with the Hypodermic Injection of Strychnia. —C. J. W. PINCHING, late dresser in the eye wards, reports (*Brit. Med. Journ.*, Oct. 26, 1872) the following cases treated in Guy's Hospital. The solution used consisted of eight grains of the nitrate of strychnia in an ounce of water. The treatment was commenced by injecting ten minims into one of the temples three times a week, and the amount was increased or diminished as seemed necessary. A very large amount of the injection (twenty-five minims) was used in some cases without any bad symptoms. In the cases that improved under treatment, one eye only seemed to recover; but, although the patients were on the whole able to see much better, no change was observable by the ophthalmoscope.

The test-types referred to in the following report of cases are those of Dr. Snellen of Utrecht.

CASE I.—Sarah M., aged 36, married, no family; catamenia regular. Three years ago, her right leg was paralyzed. She had regained use of it since, and had walked for the last twelve months. At the time of the seizure, her sight became so dim that she could not read; her left eye became worse, and for the last eighteen months she had scarcely been able to see the window with it. She could see with her right eye to go about. On admission, her right eye was sensitive to reflected light, and with it she could see coloured letters on a black ground (type XX), one or two of which she could distinguish. With her left eye she could not see reflected light, and called the A of type C C something black on a white ground. The ophthalmoscope showed in both eyes an optic disk, white throughout and the veins of the retina somewhat dilated, but much below par as regarded number.

In this case, I injected ten minims three times a week for a fortnight, with slight improvement, the patient being able at the end of the time to read three letters of type VI with her right eye. I then increased the amount to fifteen minims, and continued for another fortnight with steady improvement, the patient being able to read all type IV, and some few letters of type III. I increased the amount to twenty minims; after the first injection she

was giddy, and could not walk for a short time, but after this there was no bad symptom. I continued for a week, when she had to go into the country for a month. She was now able to read type III well with her right eye; her left eye had made no improvement. The ophthalmoscope showed no change.

She returned, after a month's absence, in the same condition as when she left. I now continued an injection of ten minims for a month, at the end of which time she could read most of type II with her right eye. She went away again for three weeks, and returned, her right eye being as well as when she left the hospital, her left having made no improvement since the commencement of the treatment. The ophthalmoscopic appearances remained the same as on admission.

Case II.—Susan G., aged 24, single, dressmaker, had always enjoyed good health; her catamenia were regular. Five weeks ago, she found she could not read, and, a little later, that she could not thread her needle; she gradually became worse.

On admission, she could just see light with her right eye, and could tell when a hand was passed before her face. With her left eye she had good perception of light and reflected light, and could read type XL and a few letters of type XXX. The ophthalmoscope showed that both optic disks were white throughout. In this case, I injected ten minims for a month, with steady improvement; at the end of this time she was able to read type VIII with her left eye. I continued for another month with the same amount, but she made very little progress, sometimes being able to read a few letters of type VII. At this time, she left the hospital, her right eye having made no improvement. The ophthalmoscopic appearances had not changed since admission.

Case III.—Eliza H., aged 36, single, artificial flower maker, had worked a great deal by gaslight. The catamenia were regular. She could see well with both eyes seventeen months ago. Nine months ago, she could not read with the right eye. At this time, the left eye also became diseased, and she lost the sight of it very quickly; she had not been able to see her way about for six months. There was no history of bad sight in her family. She had had pains in her head for two years. On admission, she could just distinguish the windows and fire with both eyes. The ophthalmoscope showed, in the right eye slight anæmia of the optic disk, and numerous atrophic black pigment patches throughout the choroid. In the left eye the optic disk was slightly anæmic. The blood-supply to the retina was defective; the veins were slightly varicose. In this case, I injected ten minims for a fortnight and increased the injection to fifteen minims for another fortnight, without the slightest change taking place.

Case IV.—Walter H., aged 19, had always enjoyed good health; had never smoked nor drunk. He could see to read quite well a month ago, when he thought he "caught cold in his eyes," since which his sight had been going gradually.

On admission, perception of light and of reflected light was good with both eyes. He had no discrimination of colours. With the right eye he could see to read type XXX; with the left he could see the A of type CC. The ophthalmoscope showed in both eyes an optic disk, white throughout, and slight anæmia of the retina. In this case, for three weeks I injected ten minims, with slight improvement in the right eye. I then increased the amount to fifteen minims for a fortnight, with marked improvement, the patient being able to read type X with his right eye, and one or two letters of type LXX with his left, and to distinguish the colours blue and red with both. After a month's absence he returned, still in the same condition. I injected ten minims for a fortnight, when he left the hospital, able with his right eye to read all type IV and most of type III, and to distinguish yellow and blue, calling red purple. His left eye made no further progress. The ophthalmoscopic appearances were not changed.

Case V.—David M., aged 45, single, an engineer, with no history of syphilis, had smoked largely (an ounce of shag tobacco daily), and drunk considerably of spirits.

Eighteen months ago he arrived in Russia with perfectly good sight; fifteen months ago, while still in Russia, his feet and legs began to swell, and they pitted on pressure. A week after this his sight failed quite suddenly, and the next day was so imperfect as to compel him to leave off work, which he had been unable to resume, his sight still continuing in the same state.

On admission, he complained of numbness and pain in the feet and legs; they were not swollen. There were no cerebral symptoms. He had good perception of light and reflected light with both eyes; he could read type XVIII with his right eye, and type XX with his left. The ophthalmoscope showed, in both eyes, anæmia of the inner two-thirds of the optic disc, and anæmia of the retina; otherwise they were both healthy. I here injected ten minims for five weeks, with gradual improvement, the patient being able to read type V with his right eye at the end of this time. I then increased the amount to fifteen minims, and continued it for three weeks, but without improvement. The left eye remained the same as on admission. The ophthalmoscope showed no changes.

I also took under my care two of Mr. Pye-Smith's cases (Nos. V and VI, reported in the *British Medical Journal* of May 18th, 1872) which had been unsuccessful under galvanism, but, I am sorry to say, without good result.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

TO OUR SUBSCRIBERS.

OBSERVING the words "No. 361" on the title-page of this number, we are reminded of the fact that the "MEDICAL NEWS AND LIBRARY" has completed its thirtieth year, and has entered upon its thirty-first. During this time it has been the witness of many vicissitudes in medical journalism. Few of the contemporaries who gave their kindly greeting to its first number are still in existence; indeed, if our memory serves us aright, only the "American Journal of the Medical Sciences," and the "Boston Medical and Surgical Journal" survive. It has seen many promising enterprises started, full of hope, and with the brightest assurances of success, only to perish after an unavailing struggle with the obstacles which are sometimes not to be overcome by the highest deserts. It has welcomed its present contemporaries one by one into the field of common labor, and has watched their growth with the interest which should inspire fellow laborers in a cause so sacred as that of medical progress. It has sedulously cultivated the most friendly relations with all, and it has no memories of strife to embitter the retrospect.

We feel that in our own modest and unpretending way we have not failed to render the service which we anticipated when we commenced the enterprise. As we look upon the solid row of thirty completed volumes we see them filled with the record of scientific progress during an era of development that has no parallel in previous medical history. In merely that portion of our pages which has been devoted to our "Library Department" we have been instrumental in spreading broadcast before the profession many of the works which have done the most to influence the professional mind and stamp their impress upon the age. Beginning, as we did, with the classical lectures of Dr. WATSON "ON THE PRINCIPLES AND PRACTICE OF PHYSIC," which we were the first to lay before the American profession, we have furnished to our readers Sir Benjamin Brodie's "Clinical Lectures on Surgery," Todd and Bowman's "Physiological Anatomy and Physiology of Man," West's "Lectures on the Diseases of Children," Simon's "General Pathology," Malgaigne's "Operative Surgery," Bennett's treatise on "Tuberculosis," West "On Diseases of the Os Uteri," Brown "On the Surgical Diseases of Women," West's "Lectures on the Diseases of Women," Habershon "On the Alimentary Canal," Sir James Simpson's "Clinical Lectures on the Diseases of Women," Smith "On Consumption; its early and remediable Stages," Salter "On Asthma, its Pathology, Consequences, and Treatment,"

Handfield Jones's "Clinical Observations on Functional Nervous Disorders," Erichsen "On Railway and other Injuries of the Nervous System," Hudson's "Lectures on the Study of Fevers," Eustace Smith "On the Wasting Diseases of Children," Radcliffe and others "On Diseases of the Spinal Column and of the Nerves," and Dunglison's translation of Guersant "On the Surgical Diseases of Infants and Children," making in all twenty octavo volumes, some of them of large size.

We think that our subscribers have had no reason to complain, and the fact that we never addressed so wide a circle of readers as in the year 1872, and that some old friends who subscribed for the "NEWS" at its commencement are still upon our books, would seem to show that we have succeeded in our task.

At the mature age of thirty completed years the "NEWS" feels that it is still in its early vigour. Never have its arrangements been more complete for supplying an abundance of professional reading to its subscribers, and never have the prospects been more promising for an enlarged sphere of usefulness. When thirty years more of its career have been numbered, we feel assured that our successors, in the year of grace, 1903, will be earnestly engaged in ministering to the intellectual needs of a still larger body of readers of a new generation.

—

Injury to Lower End of Femur; Excision of five and a half inches of that Bone; Recovery. By AUG. CAMPBELL, M.D., of Dunleith, Ill.

Henry A., German, aged 18, while working with a threshing machine, was caught in the tumbling rod. He had on a large pair of strong duck overalls, one of the legs of which was caught and drawn above the knee, and then the force exerted at right angles to the femur. This bone separated at the epiphysis, and five or six inches of it, entirely denuded of its periosteum, was driven through the external part of the leg into the dirt. I decided on a conservative course—to remove the end of the bone and wait. I accordingly removed five and a half inches of the femur, dressed the wound with water dressing, made extension and counter-extension with a straight splint. There was a profuse discharge and some small spicula of bone worked out. I afterwards dressed it with a starch bandage. One year after the injury, he was walking without crutch or cane. The following year and since he has done the usual work upon a farm. The leg is about one inch and three-fourths shorter than the other. The foot moves upon the radius of a circle about twenty inches. The patient, although liable to corns and cold toes, says he prefers the old leg to one of Palmer's best. [Accompanying the above account was an excellent photograph, taken a year after the accident, exhibiting the appearance of the patient at that time.]

—

On Some of the Uses of Carbolic Acid. By J. F. MACDONALD, M.D., of Hopewell, Nova Scotia.

In the *Medical News* for December, 1872, I noticed an article on the Local Treatment, by Carbolic Acid, of Diphtheria, by Dr. H. Reynolds, of Maine. I wish to add my testimony to the use of carbolic acid in the treatment of that disease.

About four years ago I began to use carbolic acid in the treatment of inflammatory sore throat and tonsillitis, in which I found it very useful. I use a gargle of a weak solution of carbolic acid, with chlorate of potassa. In severe cases I apply, by means of a camel-hair brush or wisp of cotton, a solution of the acid and water equal parts.

In October, 1870, I first used carbolic acid in the treatment of diphtheria, and have, thus far, found it eminently successful. I apply, by means of a camel-hair pencil or cotton wisp, to the part affected, carbolic acid 15 parts, water 5 parts, or equal parts of each. I also use a gargle of a solution of the acid and chlorate of potassa.

In toothache it acts like a charm; in most cases relieving pain almost instantaneously. I apply the pure acid on lint to the carious tooth, repeating, if necessary, till pain is relieved. The acid kept in so-

lution by adding one-twentieth of its bulk of water is preferable. It will not injure the sound teeth.

I have treated some skin diseases successfully by means of carbolic acid. In scabies I never knew it fail. I have found it safe, and not unpleasant. A professional friend told me a year ago that "Carbolic acid was his specific in treatment of itch."

In herpes, eczema, tinea, psoriasis, and acne, I have found it very useful. In eczema infantilis it is especially useful. I have never seen it fail in producing a speedy cure.

The solutions I generally use are, acid. carbol. 3j, or 3ij, aq. ad Oj, or, what is better, the acid dissolved in glycerine. In tinea tonsurans I apply, by means of a camel-hair pencil, acid. carbol. 15 parts, water 5 parts; it will rarely need a second application.

Internally I have used carbolic acid, but cannot say that I have seen any benefit from its use. In nausea and vomiting of pregnancy, in my hands, it has been a failure.

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Death by Chloroform, and alleged Death by Ether.—Dr. HENRY J. BIGELOW, of Boston, contributes to the *Bost. Med. and Surg. Journ.*, Oct. 24, 1872, an able review of the cases of "death from ether," reported in the *Medical Record* of Oct. 1st, 1872 (see *Medical News*, Nov. 1872).

Dr. Bigelow ascribes the death of this patient to having been gradually narcotized with ether until life was extinguished.

"If the narcotism[1] of ether," he says, "is ever fatal to an aged or exhausted subject, in the way described, it should be remembered that chloroform would be more fatal to the same patient under the same circumstances.

"*Death from narcotism*, although it may be heralded as 'death from ether,' is not death from any property peculiar to ether. It is death from a depressing influence, common to ether, chloroform, alcohol and opium, and is most likely to occur with the strongest of these agents. Moreover, *precaution will prevent it.*

"But '*death from chloroform*,' which has given to chloroform its doubtful reputation, is a different thing, which *no human foresight can avert.* It is death from a small and usual dose of this powerful agent; death to a healthy person, sometimes as sudden as by a stroke of lightning, without warning of any sort—*by shock.* We hold that *ether has never produced such a result*, but always gives fair and adequate notice of the approach of danger.

"If these views are correct, it follows that a certain small proportion of 'deaths from chloroform,' so called, should be subtracted from its bill of mortality, and credited to a 'narcotism' common to ether and chloroform. But a similar analysis will wholly expunge the two or three fatal cases, for which ether has been by some persons held to answer. Chloroform will still be responsible for its monthly record of death by '*shock*,' small in its percentage it may be, but inevitable, while ether will then have a clean bill of health."

Dr. Bigelow says, if called upon to indicate in the absence of complete evidence, the probable cause of this death, he should perhaps rearrange the statement somewhat as follows:—

"A man of nearly 70 years, reduced by a fracture near the trochanter, of eighteen days' standing, and by pneumonia, was subjected to a somewhat protracted inhalation before coming under the influence of ether. At the end of ten or twelve minutes, his breathing became so feeble and irregular that etherization was suspended and artificial respiration was resorted to. In the course of four or five minutes more, there being some muscular action, the respiration being also stronger, and the pulse better, the ether was again administered, but the same bad symptoms soon supervened. On examination, the pupils were now found to be dilated. The heart was still beating (although there was probably no pulse at the wrist), but attempts at resuscitation were this time ineffectual.

[1] The term "narcotism" expresses well enough for present purposes, the gradual effect upon the system of anæsthesia in general, while "shock" may stand for the sudden or toxic effect of chloroform.

"Such an account would better accord with previous experience. The vitality of a patient enfeebled by age and disease, proves to be easily depressed, and after giving to the operator good and sufficient warning of his enfeebled condition, he succumbs; an occurrence which may serve as a fresh and salutary lesson to the surgeon to exercise care during anæsthesia by ether, and still more by chloroform, of a system thus depressed; but an accident we believe to be impossible to ether, with the pulse held and the respiration attended to.

"On the other hand, we repeat, no precaution yet devised by human ingenuity will prevent the insidious shock of chloroform, in even a small dose, from occasionally and abruptly killing a healthy subject. This is the peculiar and usual *death from chloroform*, and of its approach, neither pulse nor breathing gives indication."

—

Library of the College of Physicians of Philadelphia.—The increase in this library during the past year has been very large, amounting to 862 volumes; this includes quite a number of valuable works from the library of the late Prof. Jackson, liberally presented to the college by his widow.

The whole number of volumes at present in the Library is 16,349; besides 1251 duplicates, which latter will be sold and the amount realized therefrom devoted to the purchase of other works. The above enumeration does not represent the actual number of works in the library, as frequently two or more of the small books are bound together, and in many instances a number of pamphlets are bound together in a single volume.

We may further state that since the above account was drawn up, the college has received from the widow of the late Dr. Mifflin Wistar a number of rare and valuable books, mostly folios, including the great works of Mascagni on the absorbents, of Scarpa on hernia and on the nerves, of Walter, Gall, and Spurzheim, Vicq D'Azyr, Reil, Lapeyronie, Fischer, Monro, etc., all of which formed part of the library of the late Professor Caspar Wistar, of the University of Pennsylvania.

—

Nassau, N. P.—This place, from its mild climate and its excellent hotel accommodations, is coming into favour as a resort for invalids during the winter season. It may be interesting to invalids from the United States to know that Dr. S. Conant Foster, an eminent physician of New York, has recently taken up his residence and will engage in the practice of medicine at Nassau.

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The Physician's Visiting List.—Messrs. Lindsay and Blakiston have issued this most useful volume for 1873.

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Obituary Record.—Died in Philadelphia, Dec. 9, 1872, Réné La Roche, M.D., at the mature age of 78. Dr. L. was one of the oldest, most respected, and learned members of the profession in this city. His contributions to our literature were numerous and valuable. Among the most important of these we may refer to his exhaustive work on yellow fever, which is a monument of careful, patient, and elaborate research; and a valuable monograph on malarial pneumonia. He also contributed numerous reviews and original articles to various medical journals. He was, also, a gentleman of general literary culture and of great musical taste, and at one time possessed the best collection in this country of works relating to that art. He is reported to have left a manuscript work on the physiological effects of music, which doubtless, like his other literary efforts, will be characterized by extensive research and a full knowledge of the subject.

FOREIGN INTELLIGENCE.

Nocturnal Incontinence of Urine treated by Hydrate of Chloral.—Dr. Girolamo Leonardi has recorded, in the *Ippocratico* of Naples, the results of the use of chloral in three cases of incontinence of urine. The administration of the drug very rapidly effected complete and permanent cure. Together with the administration

of chloral, Dr. Leonardi recommended very little drink to be taken in the evening. In the first case, a scrofulous woman, aged twenty-four, who had been constantly suffering from the complaint since the age of eighteen, chloral administered in doses of fifteen grains every night during five nights, and of fifteen grains every second night during ten nights, was remarkably successful. The incontinence was immediately stopped. A course of chloral was continued from time to time. The second case was that of a child, aged seven, who took only one-third of a grain of chloral for five nights. The third case was quite as successfully treated in the same way.—*Lancet*, October 26, 1872.

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On Myocarditis and Endocarditis in Cases of Diphtheria, Croup, and Membranous Angina.—In a lecture recently delivered at the Hôpital des Enfants, Dr. BOUCHUT laid stress on the frequency of disease of the heart in cases of diphtheria and other septic diseases. The endocarditis, he said, was valvular and parietal, of a proliferating character, and was accompanied by fibrinous deposits on the diseased walls, and of large ventricular clots. The fibrinous deposits adhering to the diseased valves may become loose, and be carried away by the blood into the aorta or pulmonary artery, and there give rise to embolisms. These embolisms form infarcti of the lungs, followed by metastatic abscesses and cutaneous infarcti, with or without consecutive abscesses and infarcti of the brain, which may produce cerebral softening.—*Lancet*, October 26, 1872.

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Calcareous Infiltration of the Heart.—Dr. COATS, Pathologist to the Royal Infirmary, and Lecturer on Pathology in the University of Glasgow, has recently called attention in the *Glasgow Medical Journal* to two cases of a very rare affection—calcareous infiltration of the muscular fibre of the heart. Indeed, in regard to one of the cases he records, Dr. Coats states that he does not find, either in English or foreign literature, any description of a similar lesion. The lime salts had been deposited in the muscular fibre in the form of minute round granules, the appearance resembling, both to the naked eye and microscopically, that of fatty degeneration. The salt was probably composed entirely of phosphate of lime. The case was one of chronic bronchitis and emphysema, with a possible syphilitic taint. In the other case, the condition of the muscular fibres closely resembled that described by H. Meyer and Förster, and alluded to by Rokitansky. The muscular fibres of the heart, much resembling asbestos in appearance, were converted into rigid cylinders, having a considerably crystalline texture. The lime salt was deposited more homogeneously, and consisted in great part of carbonate of lime, which effervesced on the addition of hydrochloric acid. The morbid specimen was removed from a patient who died of pyæmia.—*Lancet*, October 19, 1872.

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Alleged Substitute for Quinia.—M. GUSTAVE DORAY, a *pharmacien* residing at St. Lô, has addressed to the Academy of Medicine in Paris a note on the febrifuge and anti-periodic properties of the *Laurus nobilis*. He states that Drs. Letouzé, Alibert, and Scelles, of Mondésert, have given it in thirty-four cases, of which twenty-eight were successful; some being cases of pernicious intermittent and others of obstinate ague. The medicine is given in the form of a powder of the dried leaves, one *gramme* of which is administered two hours before the expected paroxysm. The Academy has appointed a Commission, consisting of MM. Mialhe, Gobley, and Bussy, to report on the value of the remedy.—*Ibid.*

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Therapeutical Administration of Metals in Cod-liver Oil.—Herr GODIN recommends, in place of the ordinary solutions of the metallic salts, their solution in cod-liver oil by means of benzoic acid. Cod-liver oil can thus be made to take up benzoate of iron and benzoate of mercury. Benzoate of iron is a beautiful orange-coloured salt of stable character, which increases the therapeutic activity of cod-liver oil. The iron salt conceals the unpleasant

taste of the oil, and at the same time renders it more digestible.—*Practitioner*, Nov. 1872, from *Therapeutisches Beitrage zur Allgem. Med. Zeitung*, No. 31.

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The Superiority of Ether as an Anæsthetic Agent.—On Friday, the 29th ult., this question was freely brought before the Surgical Society of Ireland by Mr. Morgan. He introduced the question to the members with a view of eliciting full discussion of the subject as to the rival qualities of the two anæsthetics which are admittedly most suitable for surgical practice—Ether and Chloroform. He questioned whether chloroform either hitherto deserved or could longer retain the confidence of the Profession, now that deaths are more constantly reported from its use, and that they have reached, notwithstanding all precautions to the contrary, an alarming number. It is stated that in these countries the proportion is one weekly; and, if we allow that these only represent the cases of immediate death from the influence of the inhalation, we must admit it is no mean estimate.

The meeting was the largest known for some years, and the subject was found to be of such moment that its discussion was postponed to the next evening meeting.—*Medical Press and Circular*, Dec. 4, 1872.

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Chloroform in Obstetric Practice.—Dr. Arthur W. Edis, Physician to the British Lying-in Hospital, states (*Brit. Med. Journ.*, Nov. 16, 1872), "When called in consultation in difficult cases of labour, I have more than once been compelled to desist from my efforts at assistance, as in the application of forceps or turning, and direct all my attention to the prevention of what threatened to be a fatal issue from chloroform—the natural desire of the practitioner to watch the details of the operation possibly contributing to this result, as well as the exhaustion induced by the prolonged suffering to which the patients had been subjected before assistance had been sought. Apart from the danger of incautious administration of chloroform, I fear we must admit that the tendeney to *post-partum* hemorrhage is greater than when no anæsthetic is employed, more especially in those cases where alcohol has been liberally indulged in as a habit, and where, therefore, a larger amount of chloroform than usual is needed to produce the requisite amount of anæsthesia.

"I have long been in the habit of employing equal parts of chloroform and ether in all cases of labour, and consider that the risks, both primary and secondary, are less than when the former is given by itself; there are less nausea and depression, and the tendency to hemorrhage is diminished."

—

Vaccination in Smallpox.—The *Allgemeine Wien. Med. Zeitung* states that the following conclusions, though not based on statistical returns, have been arrived at by those physicians who have watched the progress of the present epidemic of smallpox in Vienna. 1. The mortality from smallpox is nearly ten times as great in the unvaccinated as in the vaccinated. 2. The average intensity of the disease is also much greater in the former than in the latter. 3. Hemorrhagic smallpox is much more common in the unvaccinated. 4. In the children's hospital, where the mortality from variola is very great, and hemorrhagic cases very frequent, the unvaccinated suffer most. Similar conclusions have already been arrived at in this country; and the experience of the Vienna physicians is an additional testimony to the value of vaccination. We trust that sufficiently careful records have been made during the present epidemic to afford a basis for a statistical statement, when the scourge shall have passed away, of the influence of vaccination on smallpox.—*Ibid.*

—

Removal of one-half the Tongue.—Drs. Puccioni and Gozzini, of Florence, have just performed removal of one-half of the tongue, in a case of epithelioma, by means of the galvano-caustic wire. The whole operation did not last seven minutes, produced scarcely any suffering, was without the slightest loss of blood, and attended by no febrile reaction. The authors employed the double-wire process which they have invented.—*Lancet*, Nov. 2, 1872.

A Certain Sign of Death.—Dr. HUGO MAGNUS, assistant physician in the hospital at Breslau, states (*Virchow's Archiv*, Aug. 1872) that indications of death drawn from the circulation of the blood and from the respiratory movements are of the utmost value, since if these have entirely stopped it is impossible that life can be maintained. Dr. Magnus recommends that a ligature should be tied tightly round some member of the body—a finger is well adapted for the purpose—when, if the slightest trace of life remain, increased redness will be observed in the part beyond the ligature. The tint gradually becomes darker and deeper till ultimately it assumes a bluish-red, and this tint is uniform from the tip to the point where the ligature is applied, except that in the immediate proximity of the ligature is a white line. This test appears to be a good one, and is founded on physiological facts.—*The Practitioner*, Nov. 1872.

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Post-mortem Delivery.—Two cases of this are recorded in the *Indian Med. Gaz.* Aug. 1, 1872, one by Dr. CLAGHORN, the other by Dr. BAILLIE. The subject of the first case was brought for examination and remained in the dead house all night. In the morning Dr. C., found a fœtus about the fifth month of utero-gestation inclosed in its membranes lying between the thighs of the corpse. Dr. C. says he has met with another case of this kind.

The subject of Dr. B.'s case had died from snake-bite, and was placed in the dead-house. The next morning a fœtus was found to have been expelled during the night and lay between the mother's legs. The body was very much decomposed.

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Medical Education.—The *British Medical Journal* (Oct. 12, 1872), in criticizing the Introductory Address delivered this year by Mr. Christopher Heath, at University College, makes the following just remarks, which we commend to the attention of the profession in this country:—

"Notwithstanding the tendency of surgeons of a certain quality of mind to depreciate culture and to favour the traditions of barber-surgery, it was hardly to be expected that a surgeon should be found to lay before students at University College the sort of views which are expressed in the oration delivered by Mr. Christopher Heath, of which we last week published the abstract. He desired them to understand that the work required for the degrees of the London University implied, except for the purposes of merely honorary distinction, so much time thrown away. If they had abundance of spare time and cash, they might aim at the decorations, since other people seem to think a good deal of them; but for this purpose they must waste their time in learning 'science.' Such dicta are very likely to be acceptable to students; for to follow them saves a great deal of trouble, and to adopt them affords a cheap sneer at the distinctions which they will probably fail to gain, and at the knowledge and power which they will neither acquire nor appreciate." . . . .

"The Arabian rage against books and learning has lost some of its importance; but it seems still to be as innate in the uncultivated mind as when it lit the flames of Alexandria, and sought to deliver over the world to practical men, whose common sense dispensed with learning, and achieved two centuries of intellectual dulness. This is not the moment to attack the foundations of higher education, or to endeavour to arrest the efforts which we are making to train a race of well-grounded investigators, who shall not be content to leave original investigation to Germany or to France, or to live in abject veneration of the few who know how to handle the facts, while they themselves have but learnt by rote the words or formulæ of medical science. We would have a race of real, earnest, cultivated workers; and for this end it is advisable that Mr. Heath's advice should be noted as precisely indicating the point of view which is most to be shunned, and the course which is to be most strictly avoided."

—

Dengue.—It is stated that this disease, which has for some time prevailed so extensively in India, is now prevalent in China.

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